



## Rehabilitation Information Sheet

Please Note: This is **NOT** an application for a loan. The information provided will be used to determine eligibility for homeowner rehabilitation assistance. It is important that you provide complete and accurate information. Each person who will be on the loan needs to submit a separate information sheet.

**PLEASE PROVIDE COPIES OF THE FOLLOWING DOCUMENTS ALONG WITH THIS INFORMATION SHEET:**

- Verification of Income (One month current pay stubs, social security statement, disability statement, retirement, etc.)
- Last two (2) months bank statements
- Two (2) years Federal Income Tax Returns with W-2's. If you have not filed tax returns, please provide a written statement as to the reason why.

Date \_\_\_\_\_

### Homeowner Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing Address: (if different from street address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred method of contact: Mail Email Phone: \_\_\_\_\_

If phone, may we leave messages of a sensitive nature on this number? \_\_\_\_\_

If not, please provide alternate number \_\_\_\_\_

### Household Income Information

Size of Household \_\_\_\_\_ Number of legal dependents \_\_\_\_\_ Ages of legal dependents \_\_\_\_\_

Please list the names, ages, income and sources of income (if applicable) of all people living in the household:  
**(Examples of Sources of Income: Social Security, SSI, AFDC, Disability, Child Support, Pension, Retirement, etc.)**

Last Name: _____	First Name: _____	Age: _____	Income: \$ _____ per _____	Source _____
Last Name: _____	First Name: _____	Age: _____	Income: \$ _____ per _____	Source _____
Last Name: _____	First Name: _____	Age: _____	Income: \$ _____ per _____	Source _____
Last Name: _____	First Name: _____	Age: _____	Income: \$ _____ per _____	Source _____
Last Name: _____	First Name: _____	Age: _____	Income: \$ _____ per _____	Source _____
Last Name: _____	First Name: _____	Age: _____	Income: \$ _____ per _____	Source _____

Does anyone in the household have any of the following adjustments to income? If yes, please fill in the amount:

- |  |  |               |
|--|--|---------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | IRA Deductions                           | Amount: _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Moving Expenses                          | Amount: _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | ½ of Self-Employment Tax                 | Amount: _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Self-Employed Health Insurance Deduction | Amount: _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Keogh or Self-Employed SEP Plan          | Amount: _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Penalty on Early Withdrawal of Savings   | Amount: _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Alimony Paid                             | Amount: _____ |

Debt

Company _____	Minimum Monthly Payment \$ _____	Balance Owed \$ _____
Company _____	Minimum Monthly Payment \$ _____	Balance Owed \$ _____
Company _____	Minimum Monthly Payment \$ _____	Balance Owed \$ _____
Company _____	Minimum Monthly Payment \$ _____	Balance Owed \$ _____
Company _____	Minimum Monthly Payment \$ _____	Balance Owed \$ _____
Company _____	Minimum Monthly Payment \$ _____	Balance Owed \$ _____

(List only the debt you have applied for credit to obtain. Use additional sheet if necessary)

Present Employer(s) of the Homeowner:

(Provide additional sheet if necessary)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Present Salary \_\_\_\_\_  Weekly  Monthly  Other: \_\_\_\_\_

Property Information

Are you the sole owner of the property?  Yes  No

If no, list the other owner(s): \_\_\_\_\_

\_\_\_\_\_

Do you have a mortgage? \_\_\_\_\_

Have you been notified and/or are currently involved in a foreclosure action? \_\_\_\_\_

Is the property your primary residence?  Yes  No

What type of property is your home?

- Single-family Detached  Cooperative
- Mobile Home (permanently affixed to the ground)
- Other: \_\_\_\_\_

What year was the property built? \_\_\_\_\_ Number of bedrooms \_\_\_\_\_ Number of bathrooms \_\_\_\_\_

Please list the repairs that you feel need to be done to your home:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Demographic Information

The following questions are voluntary and for statistical purposes only and have no bearing on the approval of financial assistance. Please check the box that applies to your head of household:

- White (non-Hispanic)
- Black (non-Hispanic)
- Hispanic
- Asian or Pacific Islander
- American Indian
- Other: \_\_\_\_\_
- Do not wish to disclose

Please check the box that best describes your household:

- Single, Non-Elderly (one person household in which the person is not elderly)
- Elderly, (one or two person household in which one person is at least 62 years of age)
- Single Parent
- Two Parent
- Other: \_\_\_\_\_

Sex of head of household:  Male  Female

U.S.C., SECTION 1001, TITLE 18 PROVIDES: among other things that whoever knowingly and willfully makes or uses a document in writing containing any false, fictitious or fraudulent statement or entry in any manner within the jurisdiction of any department or agency in the United States shall be fined not more than \$10,000, or imprisoned for not more than five years, or both.

In addition, per the City of Wilmington’s financial practices, any fraudulent, fictitious or false statement on this application may result in the calling in of any note, deferred grant or other financial help in full.

By signing below I/We certify that the information provided is truthful and correct to the best of my/our knowledge:

Owner’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Owner’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Power of Attorney and/or Authorized Legal Representative: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please attach a true copy of the authorizing document for authority to act as agent)

Return completed application to:

City of Wilmington, Community Services Department  
Community Development Division  
Post Office Box 1810  
Wilmington, North Carolina 28402-1810



The City of Wilmington does not discriminate on the basis of race, sex, color, age, national origin, religion, familial status or disability in its housing programs, services or activities.